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Application Number Filing Date MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Applicant(s) (For use with Form PTO/SB/06) Gregory P. Frankiewicz * May be used for additional claims or amendments AFTER FIRST AMENDMENT AFTER SECOND AMENDMENT CLAIMS AS FILED Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Total Indep Total Indep Total Depend Total Depend Total Claims Total Claims

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